

REVIEWED BY : JP 5/21/81

		POTENTIAL HAZARDOUS WASTE SITE SITE INSPECTION REPORT		REGION 6	SITE NUMBER (to be assigned by HQ) TX 05614
GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.					
I. SITE IDENTIFICATION					
A. SITE NAME Phelps Dodge Copper Company		B. STREET (or other identifier) P. O. Box 20200 (Hawkins Blvd.)			
C. CITY El Paso		D. STATE Texas	E. ZIP CODE 79998	F. COUNTY NAME El Paso	
G. SITE OPERATOR INFORMATION					
1. NAME phelps Dodge Copper Company				2. TELEPHONE NUMBER 915/778-9371	
3. STREET Hawkins Blvd.		4. CITY El Paso		5. STATE Texas	6. ZIP CODE 79998
H. REALTY OWNER INFORMATION (if different from operator of site)					
1. NAME Phelps Dodge Refining Corp. P.O. Box 20001				2. TELEPHONE NUMBER 915/778-9881	
3. CITY El Paso		4. STATE Texas		5. ZIP CODE 79998	
I. SITE DESCRIPTION Copper products plant. Transformers and capacitors containing PCB's stored on-site. TXD048924987					
J. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE PHELPS DODGE COPPER PROD CO					
II. TENTATIVE DISPOSITION (complete this section last)					
A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)		B. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input checked="" type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE			
C. PREPARER INFORMATION					
1. NAME Robert L. Bradshaw		2. TELEPHONE NUMBER 915/445-3615		3. DATE (mo., day, & yr.) 23 May 1980	
III. INSPECTION INFORMATION					
A. PRINCIPAL INSPECTOR INFORMATION					
1. NAME Robert L. Bradshaw		2. TITLE District Supervisor			
3. ORGANIZATION Texas Department of Water Resources				4. TELEPHONE NO. (area code & no.) 915/445-3615	
B. INSPECTION PARTICIPANTS					
1. NAME		2. ORGANIZATION		3. TELEPHONE NO.	
Robert L. Bradshaw		Texas Department of Water Resources		915/445-3615	
C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)					
1. NAME	2. TITLE & TELEPHONE NO.		3. ADDRESS		
Steve Sjostrom	Electrical Engineer 915/778-9371		P.O. Box 20200 El Paso, Texas 79998		
Norm Smith	Plant Engineer 915/778-9871		P. O. Box 20200 El Paso, Texas 79998		

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III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Phelps Dodge Copper Products Co.	915-778-9371	P.O. Box 20200 El Paso, Texas 79998	PCB's Spent H_2SO_4 with Cu

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS

G. DATE OF INSPECTION
(mo., day, & yr.)

May 15, 1980

H. TIME OF INSPECTION

0800 hrs.

I. ACCESS GAINED BY: (credentials must be shown in all cases)

☒ 1. PERMISSION☐ 2. WARRANT

J. WEATHER (describe)

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER	X	TDWR-EPA Lab, Houston	11/07/79
b. SURFACE WATER			
c. WASTE	X	TDWR-EPA Lab, Houston	11/07/79
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.).

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
pH	Ground water - waste	Ground Water ~ 7.6 Waste ~ 1.9

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IV. SAMPLING INFORMATION (continued)

C. PHOTOS None

1. TYPE OF PHOTOS

☐ a. GROUND ☐ b. AERIAL

2. PHOTOS IN CUSTODY OF:

D. SITE MAPPED?

☒ YES. SPECIFY LOCATION OF MAPS: General site plant at plant site with copies in Texas Department of Water Resources files.

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

31° 46' 00"

2. LONGITUDE (deg.-min.-sec.)

106° 23' 30"

V. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)☐ 2. INACTIVE (Those sites which no longer receive wastes.)☐ 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☐ 1. NO☒ 2. YES (specify generator's four-digit SIC Code): 3351

C. AREA OF SITE (in acres)

Plant - 25 acres

Pond - 0.5 acre

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO☒ 2. YES (specify):Office, Copper Casting Bldg.,
Rod Mill Bldg.

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
<input checked="" type="checkbox"/> 1. RAIL	<input type="checkbox"/> 1. PILE	<input type="checkbox"/> 1. FILTRATION	<input type="checkbox"/> 1. LANDFILL
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 2. LANDFARM
<input type="checkbox"/> 3. BARGE	<input type="checkbox"/> 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. OPEN DUMP
<input type="checkbox"/> 4. TRUCK	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input checked="" type="checkbox"/> 4. SURFACE IMPOUNDMENT
<input checked="" type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/> 5. CHEM./PHYS./TREATMENT	<input type="checkbox"/> 5. MIDNIGHT DUMPING
<input type="checkbox"/> 6. OTHER (specify):	<input checked="" type="checkbox"/> 6. OTHER (specify): PCB's in transformers currently stored on-site.	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify):
		<input checked="" type="checkbox"/> 9. OTHER (specify): Waste oil recovered for sale.	

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..

☒ 1. STORAGE ☐ 2. INCINERATION ☐ 3. LANDFILL ☒ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL

☐ 6. CHEM/BIO/PHYS TREATMENT ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☐ 9. TRANSPORTER ☐ 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. LIQUID☐ 2. SOLID☐ 3. SLUDGE☐ 4. GAS

B. WASTE CHARACTERISTICS

☒ 1. CORROSIVE☒ 2. IGNITABLE☐ 3. RADIOACTIVE☐ 4. HIGHLY VOLATILE☒ 5. TOXIC☒ 6. REACTIVE☐ 7. INERT☐ 8. FLAMMABLE☐ 9. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

No formal record system. Samples analyses recored maintined in lab.

VII. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
(1) PAINT, PIGMENTS	(1) OILY WASTES	(1) HALOGENATED SOLVENTS	(1) ACIDS	(1) FLYASH	(1) LABORATORY, PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER(specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER(specify):	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
(5) OTHER(specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER(specify):
			(6) CYANIDE	(6) OTHER(specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			X (9) PCB		
			X (10) METALS		
			(11) OTHER(specify):		

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	a. HIGH	b. MED.	c. LOW	d. NONE			
Polychlorinated Biphenyls		X		X				-	2061	Gal.
Spent H ₂ SO ₄ Containing Cu		X		X					*598,400	Gal.
*Approximately 40% of amount is rolling mill water, oil spillage, etc.										

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

None

☐ C. WORKER INJURY/EXPOSURE

None

☐ D. CONTAMINATION OF WATER SUPPLY

None

☐ E. CONTAMINATION OF FOOD CHAIN

None

☒ F. CONTAMINATION OF GROUND WATER

Potential ground water contamination exists due to disposal of spent H_2SO_4 containing copper in an unlined evaporation pond. Water balance calculations indicate excessive loss due to seepage.

☐ G. CONTAMINATION OF SURFACE WATER

None

VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA☐ I. FISH KILL☐ J. CONTAMINATION OF AIR☐ K. NOTICEABLE ODORS☒ L. CONTAMINATION OF SOIL

Poor housekeeping in areas. Overflow of cooling water w/water soluble oil routed via earthen ditch to pond.

Copper fines w/oil in area by pond and loaded, periodically, into railroad gondolas and returned to refinery for reprocessing.

☐ M. PROPERTY DAMAGE

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID☐ P. SEWER, STORM DRAIN PROBLEMS☐ Q. EROSION PROBLEMS☐ R. INADEQUATE SECURITY☐ S. INCOMPATIBLE WASTES

VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

☐ U. OTHER (specify):

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	This site should have minimal affect on people within a mile radius. There is a potential hazard to area ground water resulting from the use of the unlined evaporation pond. The areas downslope have city water.			
2. IN COMMERCIAL OR INDUSTRIAL AREAS				
3. IN PUBLICLY TRAVELLED AREAS				
4. PUBLIC USE AREAS (parks, schools, etc.)				

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit) Approx. 100 ft.	B. DIRECTION OF FLOW South toward Rio Grande	C. GROUNDWATER USE IN VICINITY Phelps Dodge-Domestic * process water
D. POTENTIAL YIELD OF AQUIFER Unknown	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit, of measure) On-site	F. DIRECTION TO DRINKING WATER SUPPLY On-site

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS*

☒ 2. COMMUNITY (specify town): El Paso > 15 CONNECTIONS

☐ 3. SURFACE WATER

☒ 4. WELL (Phelps Dodge)

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X. WATER AND HYDROLOGICAL DATA (continued)				
H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE				
1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')
6 each	455 ft.	On Phelps Dodge property	X	

I. RECEIVING WATER	
1. NAME	<input type="checkbox"/> 2. SEWERS <input type="checkbox"/> 3. STREAMS/RIVERS <input type="checkbox"/> 4. LAKES/RESERVOIRS <input checked="" type="checkbox"/> 5. OTHER (specify): <u>No surface discharge</u>
6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS	

XI. SOIL AND VEGETATION DATA	
LOCATION OF SITE IS IN:	
<input type="checkbox"/> A. KNOWN FAULT ZONE	<input type="checkbox"/> B. KARST ZONE <input type="checkbox"/> C. 100 YEAR FLOOD PLAIN <input type="checkbox"/> D. WETLAND <input type="checkbox"/> E. A REGULATED FLOODWAY <input type="checkbox"/> F. CRITICAL HABITAT <input type="checkbox"/> G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED			
Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.			
'X'	A. COVERED	'X'	B. BEDROCK (specify below)
			C. OTHER (specify below)
X	1. SAND		Unconsolidated
X	2. CLAY		Unconsolidated
X	3. GRAVEL		Unconsolidated

XIII. SOIL PERMEABILITY	
<input checked="" type="checkbox"/> A. UNKNOWN <input type="checkbox"/> B. VERY HIGH (100,000 to 1000 cm/sec.) <input type="checkbox"/> C. HIGH (1000 to 10 cm/sec.) <input type="checkbox"/> D. MODERATE (10 to .1 cm/sec.) <input type="checkbox"/> E. LOW (.1 to .001 cm/sec.) <input type="checkbox"/> F. VERY LOW (.001 to .00001 cm/sec.)	
G. RECHARGE AREA	
<input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO 3. COMMENTS: <u>Potential recharge area-unconsolidate sand, gravel and clay.</u>	
H. DISCHARGE AREA	
<input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO 3. COMMENTS:	
I. SLOPE	
1. ESTIMATE % OF SLOPE	2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.
2½%	Southeast in plant area to arroyo.
J. OTHER GEOLOGICAL DATA	
The area is part of the Hueco Bolson.	

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XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN
State air operating permit	Tex. Air Control	R-4622	Feb. 10 '77				X
State Industrial Solid Waste	TDWR	Reg. No.	Feb. 7 '77			X	
Site Registration		30825					

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☒ YES (summarize in this space)

State - TDWR letter regarding use of unlined pond. The pond is to be abandoned, a new pond constructed and lined with a 36 mil chlorinated polyethylene reinforced lining. This is to be accomplished by August 1, 1980.

No other regulatory action known.

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.

SURFACE IMPOUNDMENTS SITE INSPECTION REPORT <i>(Supplemental Report)</i>		INSTRUCTION Answer and Explain as Necessary.
1. TYPE OF IMPOUNDMENT <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 100'X 200'X 4' Unlined evaporation pond </div>		
2. STABILITY/CONDITION OF EMBANKMENTS Loosely consolidated soils erode easily.		
3. EVIDENCE OF SITE INSTABILITY (<i>Erosion, Settling, Sink Holes, etc.</i>) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
4. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE <input type="checkbox"/> YES <input type="checkbox"/> NO		
5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT <input type="checkbox"/> YES <input type="checkbox"/> NO Informal records maintained i.e. lab analyses, flow est. annually.		
7. IMPOUNDMENT HAS LINER SYSTEM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7a. INTEGRITY OF LINER SYSTEM CHECKED <input type="checkbox"/> YES <input type="checkbox"/> NO Not Applicable	
7b. FINDINGS This pond to be abandoned and replaced by lined pond by August 1, 1980.		
8. SOIL STRUCTURE AND SUBSTRUCTURE The site is on part of the Hueco Bolson.		
9. MONITORING WELLS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
10. LENGTH, WIDTH, AND DEPTH LENGTH 200 ft. WIDTH 100 ft. DEPTH 4 ft. (effective)		
11. CALCULATED VOLUMETRIC CAPACITY 80,000 cu. ft. (effective volume)		
12. PERCENT OF CAPACITY REMAINING Approximately 50%		
13. ESTIMATE FREEBOARD Approximately 4 ft. to overflow.		
14. SOLIDS DEPOSITION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
15. DREDGING DISPOSAL METHOD Not Applicable		
16. OTHER EQUIPMENT		

STORAGE FACILITIES SITE INSPECTION REPORT <i>(Supplemental Report)</i>	INSTRUCTION Answer and Explain as Necessary.
1. STORAGE AREA HAS CONTINUOUS IMPERVIOUS BASE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO All PCB-containing transformers and capacitors are stored on	
2. STORAGE AREA HAS A CONFINEMENT STRUCTURE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO concrete such that leaks can be detected if they occur.	
3. EVIDENCE OF LEAKAGE/OVERFLOW (If "Yes", document where and how much runoff is overflowing or leaking from containment) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO No leaks were observed.	
4. ESTIMATE TYPE AND NUMBER OF BARRELS/CONTAINERS 6 total Transformers and capacitors	
5. GLASS OR PLASTIC STORAGE CONTAINERS USED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. ESTIMATE NUMBER AND CAPACITY OF STORAGE TANKS 6 with total capacity of approximately 2100 gallons	
7. NOTE LABELING ON CONTAINERS Labels required to adequately warn that the transformers and capacitors contain P.C.B.'s are attached to the transformers and to the drums which contain the capacitors. All contain PCB's.	
8. EVIDENCE OF LEAKAGE CORROSION OR BULGING OF BARRELS/CONTAINERS/STORAGE TANKS (If "Yes", document evidence. Describe location and extent of damage. Take PHOTOGRAPHS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
9. DIRECT VENTING OF STORAGE TANKS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
10. CONTAINERS HOLDING INCOMPATIBLE SUBSTANCES (If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. INCOMPATIBLE SUBSTANCES STORED IN CLOSE PROXIMITY (If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. ADEQUATE CONTAINER WASHING AND REUSE PRACTICES <input type="checkbox"/> YES <input type="checkbox"/> NO Not Applicable	
13. ADEQUATE PRACTICES FOR DISPOSAL OF EMPTY STORAGE CONTAINERS <input type="checkbox"/> YES <input type="checkbox"/> NO Not Applicable	